SIRTH NO. RES. DIST. NO. 337 PRIMARY REG. DIST. NO. 445 Registrer's no. 4 a. COUNTY Shelly C. D. CITY (II suedde corporate linite, write RURAL and give of the county of the state of the county of the county of the state of the county of the county of the county of the state of the county of the coun	FILED MAY 31 1955 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH					17446
a. STATE N. S. COUNTY Shelby b. CITY (If outside comparise limits, write NUBAL seed edve to translate of the contraction of th	BIRTH NO.		127		4400	4 8
ON TOWN BETTER NOTES TOWN BETTER OF		3helbu	C.	a. STATE	NCE (Where deceased lived. If b. COUNTY	Institution: residence before admission)
ADDRESS ADD	OR	erperate limits, write R	township) STAY (in this place)	c. CITY	_1	Residence within limits of city or incorporated town?
5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWER MARRIED, WIDOWER MARRIED, WIDOWER MARRIED, WIDOWER MARRIED, WIDOWER DIVORCES (openets) 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18	d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or is	nstitution, give street address or location)		(If rural, give location)	1020
5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, NEW MARRIED,		λ	b. (Middle)	11.	i or	Day) (Year)
10a. USUAL OCCUPATION (c) revailed work 10b. KIND OF BUSINESS OR IN. DUSTRY 11b. BIRTHPLACE (City and State or Foreign Country) 12c. CITYEND WI COUNTRY: 13b. MOTHER'S MAIDE 13b. MOTHER'S MAIDE 13b. MOTHER'S MAIDE 15b. MOTHER'S MOTHER 15b.	5. SEX 4. / 6.	COLOR OR RACE	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mont	hal Dava Hours I Min
13b, MOTHER'S NAME 13b, MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. SOCIAL SECURITY 18. ACCIDENT INFORMANT'S SIGNATURE OR NAME ADDRESS	done during most of work	ing life, even if retired)	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (Cit		12. CITIZEN OF WHAT
(Yes. no. or unknown) (If yes, give war or dates of service) 18. CAUSE OF DEATH Eater only one cause part into for (a), (b), and (c) This does not meen the mode of dying, such as heart failure, asthenia, to the above cause (a) stating trace. It means the distance, injury, or complication table's cause death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19c. DATE OF OPERATION 19c. DATE OF OPERATION 19c. DATE OF OPERATION 21c. CICIPAT, TOWN, OR TOWNSHIP) 21d. TIME 11d. (Month) 12d. (Day) 12d. PLACE OF INJURY (e.g., in or about of the distance), street, office blids, men) 12d. TIME 12d. (Month) 12d. (Royal) 12d.			13b. MOTHER'S MAIDEN	NAME	212	
Enter only one causes per line for (a), (b), and (c) This does not mean the distance of stying, such as heart failure, asthenia cit. It means the distance for compilication which caused death. DUE.TO (c) . AUD.Y.Y. E. AFFILIT Yes AFFILIT Ye				17. INFORMANT'S	SIGNATURE OR NAME	Beeld in
**This does not mean the mode of dying, such as heart failure, eathernia, etc. It means the discase, injury, or complication which caused death. 10. OHER SIGNIFICANT CONDITIONS 11. OHER SIGNIFICANT CONDITIONS 12. ACCIDENT Conditions contributing to the death but not related to the disease or condition causing death. 12. ACCIDENT SUICIDE HOMICIDE 21. ACCIDENT SUICIDE HOMICIDE 21. ACCIDENT Work At work Conditions and that death occurred at At m., from the drawses and on the date stated above. 22. AUTOPSY? 22. AUTOPSY? 22. AUTOPSY? 22. AUTOPSY? 22. AUTOPSY? 23. AUTOPSY? 24. ACCIDENT Work At work Conditions contributing to the death but not related to the disease or condition causing death. 23. AUTOPSY? 24. ACCIDENT Work At work	Enter only one cause per	I. DISEASE OR C	ONDITION	ertification	rt Jailure	INTERVAL BETWEEN ONSET AND DEATH
DUE.TO (c)	*This does not mean the mode of dying, such	Morbid conditions	s, if any, giging DUE TO (b)	hrunie	Nephritis	About 1 ye
19a. DATE OF OPERA. TION 21a. ACCIDENT SUICIDE HOMICIDE	ease, injury, or complica-		. DUE,TO (c) .	uper te	NSION	24 e445
TION 21a. ACCIDENT SUICIDE HOMICIDE HO	10. DATE OF OPERA					20 AUTODOVA
HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHITE AT NOT W	TION				592)	
OF INJURY m. WHILE AT WORK 22. I hereby certify that I attended the deceased from Meh 2 1955, to May 25, 19 3, that I last saw the deceased alive on May 25, 19 3, and that death occurred at 8 m., from the causes and on the date stated above. 23a. SIGNATURE 24a. BURIAL. CREMA- TIEN, REMOVAL (Specify) DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 25. FUNERAL DECTOR'S SIGNATURE 25. FUNERAL DECTOR'S SIGNATURE 26. BURIAL CREMA- 27. CREMATORY 26. DATE 27. CREMATORY 28. FUNERAL DECTOR'S SIGNATURE ADDRESS ADDRESS 25. FUNERAL DECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS 26. BURIAL CREMA- 27. CREMATORY 26. DATE 27. CREMATORY 28. FUNERAL DECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR T	OWNSHIP) (COUNTY)	(STATE)
alive on NAH 25, 19 55, and that death occurred at 8 A m., from the chuses and on the date stated above. 23a. SIGNATURE (Degree of tule) 23b. ADDRESS 24a. BURIAL. CREMA- TION, REMOVAL (Speedty) DATE REC'D BY LOCAL REGISTRAR'S, SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 1/2 25. FUNERAL D (SECTOR'S SIGNATURE) ADDRESS ADDRESS	21d. TIME (Month) OF INJURY	(Day) (Year) (WHILEAT NOT WHILE	21f. HOW DID INJURY (OCCUR? .	
23a. SIGNATURE (Degree of Title) 23b. ADDRESS 24a. BURIAL, CREMA- TIGN, REMOVAL (Specify) DATE REC'D BY LOCAL REG. REG. REG. REG. REG. REG. REG. REG.					, ,	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	23a SIGNATURE	all			The mo	23c. DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE . ADDRESS	24a. BURIAL, CREMA TION, REMOVAL (Species	0		^ -	4d. LOCATION (City, town, or or	ounty) (State)
	DATE REC'D BY LOCAL S-28-13			25. FUNERAL DO ECT	()	ADDRESS

STATEMENT BY LICENSED EMBALMER

I hereby certify that	the body whose name is reco	rded on the reverse side of thi	s certificate was emb
by me, or by	Self	, Student 1	Embalmer No
working under my personal	-/-		
working under my personal	. oaper		

Student Signature of Student Embalmer

Signed CW Musgrove
Licensed Embalmer No 27.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.